

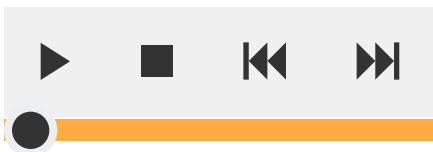
CDC Newsroom

Transcript for CDC Media Telebriefing: Update on COVID-19

Press Briefing Transcript

Friday, February 14, 2020

Please Note: This transcript is not edited and may contain errors.



>>> GOOD AFTERNOON, THANK YOU FOR STANDING BY. AND WELCOME TO THE COVID 2019 UPDATE. YOUR LINE ARE IN A LISTEN ONLY MODE UNTIL QUESTION AND ANSWER SESSION OF THE CONFERENCE. YOU PLAY PRESS STATE AND NUMBER ONE TO ANSWER THE QUESTION. PLEASE STATE YOUR NAME WHEN PROMPTED. PLEASE LIMIT IT TO ONE QUESTION AND ONE FOLLOW-UP. IT IS NOW MY PLEASURE TO TURN THE CONFERENCE OVER TO PAUL FULTON, CDC PUBLIC AFFAIRS.

>> THANK YOU, MICHELLE. THANK YOU FOR JOINING US FOR THIS BRIEFING. TO UPDATE YOU ON CDC'S COVID-19 RESPONSE. WE ARE JOINED BY THE DIRECTOR OF THE CDC CENTER FOR IMMUNIZATION AND RESPIRATORY DISEASES WHO WILL GIVE OPENING REMARKS BEFORE TAKING YOUR QUESTIONS. I WILL TURN THE QUESTION OVER TO DR. MESSONNIER.

>> THANK YOU FOR JOINING US. SINCE WE BRIEFED YOU LAST THERE'S ONE MORE CONFIRMED CASE OF COVID-19 IN A PERSON WHO HAD BEEN UNDER QUARANTINE FACILITATED BY THE STATE DEPARTMENT AT JOINT BASE LACKLAND. THERE ARE MORE THAN 600 PEOPLE STILL UNDER QUARANTINE IN THE UNITED STATES BECAUSE OF THEIR RECENT RETURN FROM THE EPICENTER OF THIS OUTBREAK IN CHINA. IN GENERAL, OUR GUIDANCE IS BASED ON RISK ASSESSMENTS AND OTHER PEOPLE OR GROUPS MAY HAVE DIFFERENT RISKS. AND THESE PEOPLE ARE GOING THROUGH DIFFICULT CIRCUMSTANCES RIGHT NOW. BEING QUARANTINED CAN BE DISRUPTIVE, FRUSTRATING AND FEEL SCARY. ESPECIALLY WHEN THE REASON FOR THE QUARANTINE IS EXPOSURE TO A NEW DISEASE FOR WHICH THERE MAY BE LIMITED INFORMATION. QUARANTINE IS AN UNUSUAL SITUATION FOR PUBLIC HEALTH RESPONDERS TOO. THE LAST TIME WE HAD TO QUARANTINE LARGE GROUPS OF PEOPLE WAS MORE THAN 50 YEARS AGO. SO WHILE WE ARE DOING THE BEST WE CAN, THERE ARE GOING TO BE BUMPS ALONG THE WAY. I UNDERSTAND THAT ONE OF THE BIGGEST QUESTIONS THAT HAS COME UP INVOLVES QUESTIONS ABOUT TESTING AND WHEN PEOPLE SHOULD BE TESTED. I WANT TO SAY RIGHT NOW CDC'S RECOMMENDATIONS AND THE POLICY WE ARE FOLLOWING ACROSS THE BOARD IS TO TEST PEOPLE WITH THE HISTORY OF EXPOSURE WHO ARE SHOWING SYMPTOMS. THIS IS BECAUSE WE KNOW THAT TESTING PEOPLE TOO EARLY CAN POTENTIALLY MISS INFECTIONS. PEOPLE WITH STILL LATER BECOME SICK. LET ME EXPLAIN. THE OUTER BOUND OF THE INCUBATION PERIOD WE'RE USING FOR THIS NOVEL CORONAVIRUS IS 14 DAYS. THAT MEANS WE EXPECT SOMEONE WHO IS INFECTED TO HAVE SYMPTOMS SOME TIME DURING THOSE 14 DAYS. KNOW, AS SOMEONE IS EXPOSED TO THE VIRUS THAT MIGHT NOT SHOW SYMPTOMS RIGHT AWAY AND TESTING ON DAY ONE OR TWO OR THREE MIGHT PRODUCE A NEGATIVE

RESULT. HOWEVER, IT COULD MEAN THE VIRUS HASN'T ESTABLISHED ITSELF SUFFICIENTLY IN THE SYSTEM TO BE DETECTED BY TEST. IT'S NOT A QUESTION OF THE ACCURACY OF THE TEST. THE TEST WE'RE USING AT CDC IS VERY SENSITIVE. IT'S A QUESTION OF WHEN THE VIRUS BECOMES DETECTABLE IN THAT PERSON. SO IF A PERSON TESTS NEGATIVE ONCE, IT'S NOT CLEAR THAT IT'S A TRUE NEGATIVE. THE TEST DOESN'T INFORM PUBLIC HEALTH ACTION OR CLINICAL CARE. IN FACT, IN NEGATIVE TEST RESULTS COULD PROVIDE A FALSE SENSE OF SECURITY. WITH THE INCUBATION PERIOD BEING UP TO 14 DAYS, ONE TEST AT A GIVEN POINT IN TIME ONLY TELLS YOU IF SOMEONE IS INFECTED AT THAT ONE MOMENT. CDC DID TEST ALL OF THE INITIAL 195 PEOPLE WHO RETURNED FROM WUHAN ON JANUARY 29th. BUT SINCE THAT TIME, WE HAVE LEARNED MORE ABOUT HOW THE VIRUS BEHAVES IN PEOPLE AND WHEN IS THE OPTIMAL TIME TO TEST THEM TO BEST INFORM OUR PUBLIC HEALTH RESPONSE. CDC MAY DO TESTING OF ALL PEOPLE AGAIN IF THE RISK WARRANTS IT. BUT RIGHT NOW, CDC STAFF AT EACH BASE ARE CHECKING TEMPERATURES TWICE DAILY AND MONITORING PEOPLE FOR ANY NEW SYMPTOMS. IF SOMEONE HAS SYMPTOMS COMPATIBLE WITH THIS NEW VIRUS THEY'RE MEDICALLY EVALUATED AND THEY'RE TESTED. ANOTHER QUESTION I WANT TO ADDRESS IS HOW THIS VIRUS SPREADS. BASED ON WHAT WE KNOW NOW, WE BELIEVE THIS VIRUS SPREADS MAINLY FROM PERSON TO PERSON AMONG CLOSE CONTACTS. WHICH IS DEFINED ABOUT SIX FEET THROUGH RESPIRATORY DROPLETS PRODUCED WHEN AN INFECTED PERSON COUGHS OR SNEEZES. PEOPLE ARE THOUGHT TO BE THE MOST CONTAGIOUS WHEN THEY'RE MOST SYSTEMATIC. THAT'S WHEN THEY'RE THE SICKEST. SOME SPREAD MAY HAPPEN BY TOUCHING THE CONTAMINATED SURFACE AND TOUCHING THE EYES, NOSE AND MOUTH. BUT REMEMBER THIS DOES NOT LAST LONG ON SURFACES. SOME SPREAD MAY HAPPEN BEFORE PEOPLE SHOW SYMPTOMS. THERE HAVE BEEN A FEW REPORTS OF THIS WITH THE NEW CORONAVIRUS AND IT IS COMPATIBLE WITH WHAT WE KNOW ABOUT OTHER RESPIRATORY VIRUSES INCLUDING SEASONAL FLU. BUT RIGHT NOW, WE DO NOT BELIEVE THESE LAST TWO FORMS OF TRANSMISSION ARE THE MAIN DRIVER OF SPREAD. WE AT CDC RECOGNIZE THIS IS A DIFFICULT TIME FOR THE PEOPLE WHO HAVE RETURNED FROM WUHAN AS WELL AS THE COMMUNITY SUPPORTING THEM. AND ASK FOR THEIR CONTINUED PATIENCE AS WE WORK TOGETHER. THIS IS A DIFFICULT AND CHALLENGING TIME ON MANY FRONTS. THE FOOTAGE OUT OF CHINA IS UPSETTING. OTHERS ARE BEING QUARANTINED IN OTHER COUNTRIES INCLUDING ON THE DIAMOND PRINCESS CRUISE SHIP. ON THE RESPONDERS' SIDE THERE ARE THOUSANDS OF PEOPLE WORKING AROUND THE CLOCK AROUND THE WORLD TO TRY TO CONTAIN THE DAMAGE. I LOOK AROUND AND I SEE PEOPLE WHO ARE TIRED BUT WHO ARE DETERMINED AND GOVERNED BY A SENSE OF URGENCY THAT THE HEALTH OF THE ENTIRE COUNTRY IS DEPENDENT AT LEAST IN PART ON THEIR WORK. THIS NEW VIRUS REPRESENTS THE UNPRECEDENTED PUBLIC HEALTH THREAT AND WE ARE TAKING AGGRESSIVE ACTION TO KEEP THESE PEOPLE, OUR FAMILIES AND OUR NATION SAFE. WE APPRECIATE EVERYONE'S CONTINUED COOPERATION THROUGHOUT THIS PROCESS. CDC'S CURRENT ACTIONS INCLUDING QUARANTINES AND THE TRAVEL RESTRICTIONS ARE INTENDED TO SLOW THE INTRODUCTION AND IMPACT OF THE NOVEL CORONAVIRUS IN THE U.S. HOWEVER, WE MUST PREPARE FOR THE POSSIBILITY THAT AT SOME POINT WE MAY SEE SUSTAINED COMMUNITY SPREAD IN OTHER COUNTRIES OR IN THE U.S. AND THIS WILL TRIGGER A CHANGE IN OUR RESPONSE STRATEGY. THIS WILL REQUIRE THE EFFORTS OF ALL LEVELS OF GOVERNMENT, THE PUBLIC HEALTH SYSTEM AND OUR COMMUNITIES AS WE FACE THIS CHALLENGE TOGETHER. LAST NIGHT, THE VICE MINISTER OF CHINA'S NATIONAL HEALTH COMMISSION ANNOUNCED THERE ARE MORE THAN 1,700 HEALTH CARE WORKERS WHO ARE ILL WITH THIS NEW VIRUS IN CHINA. MAINLY IN HUBEI PROVINCE. THIS IS CONCERNING AND WE SAW THAT TRANSMISSION CAN BE AMPLIFIED IN HEALTH CARE SETTINGS IF INFECTION CONTROL PRACTICES ARE NOT CAREFULLY FOLLOWED. HEALTH CARE WORKERS ARE ON THE FRONT LINE, SUPPORTING THE PHYSICAL AND MENTAL HEALTH OF THOSE WHO ARE INFECTED. AS WE LEARN MORE ABOUT HOW THIS VIRUS IS SPREAD, KEEPING HEALTH CARE WORKERS SAFE IS A HIGH PRIORITY. CDC HAS PUBLISHED GUIDANCE FOR HEALTH CARE WORKERS ON HOW TO PROTECT THEMSELVES AS THEY CARE FOR PATIENTS AND I'M HAPPY TO REPORT THAT SO FAR NO HEALTH CARE WORKERS IN THE U.S. HAVE BECOME INFECTED IN THE LINE OF DUTY. BEFORE TAKING QUESTIONS, I WANT TO GIVE YOU AN UPDATE ON TWO MORE THINGS. FIRST, YESTERDAY, SECRETARY AZAR MENTIONED THAT THE CDC HAS BEGUN WORKING WITH FIVE PUBLIC HEALTH LABS TO CONDUCT COMMUNITY BASED INFLUENZA BASED SURVEILLANCE SO WE CAN TEST THOSE WITH FLU LIKE SYMPTOMS FOR NOVEL CORONAVIRUS. THOSE PUBLIC HEALTH LABS ARE IN LOS ANGELES, SAN FRANCISCO, SEATTLE, CHICAGO AND NEW YORK CITY AND I WANT TO

THANK THEM FOR THEIR PARTICIPATION, COLLABORATION AND SUPPORT. THIS IS JUST THE STARTING POINT AND WE PLAN TO EXPAND TO MORE SITES IN THE COMING WEEKS UNTIL WE HAVE NATIONAL SURVEILLANCE. THIS IS LEVERAGING OUR EXISTING INFLUENZA AND VIRAL RESPIRATORY SURVEILLANCE SYSTEMS. THIS IS AN EXTRA LAYER OF OUR RESPONSE THAT WILL HELP US DETECT IF AND WHEN THIS VIRUS IS SPREADING IN THE COMMUNITY. ALL OF OUR EFFORTS NOW ARE TO PREVENT THE SUSTAINED SPREAD OF THE VIRUS IN OUR COMMUNITY BUT WE NEED TO BE PREPARED FOR THE POSSIBILITY THAT IT WILL SPREAD. RESULTS FROM THIS SURVEILLANCE WOULD BE AN EARLY WARNING SIGNAL TO TRIGGER A CHANGE IN OUR RESPONSE STRATEGY. SECOND, AS WE TALK ABOUT THE POTENTIAL THREAT OF THIS NEW VIRUS, I WANT TO REMIND EVERYONE OF THE VERY REAL THREAT OF SEASONAL INFLUENZA. REPORTS OF INFLUENZA LIKE ILLNESS AND TESTING FOR INFLUENZA HAVE INCREASED IN THE PAST FEW WEEKS. WHILE INFLUENZA "B" WAS PREDOMINANT IN DECEMBER, WE HAVE SEEN A SHARP RISE IN INFLUENZA "A" H1N1 RECENTLY. HOSPITAL RATES IN CHILDREN ARE HIGH, ABOUT AS HIGH AS WE SAW DURING THE 2017-18 SEASON WHICH WAS A SEVERE SEASON. SO FAR THIS SEASON, WE ESTIMATE THAT THERE HAVE BEEN AT LEAST 26 MILLION FLU ILLNESSES, 250,000 HOSPITALIZATIONS, AND 14,000 DEATHS FROM FLU, SOME OF THOSE AMONG CHILDREN. WE HAVE THE VACCINES AND THE DRUGS TO FIGHT FLU ILLNESS. WE DON'T HAVE THE TOOLS YET FOR THIS NOVEL VIRUS BUT THERE ARE THINGS EVERYONE CAN DO TO CONTAIN THE SPREAD OF THE VIRUS. STAY INFORMED. CDC'S UPDATING THE WEBSITE DAILY WITH THE LATEST INFORMATION AND ADVICE FOR THE PUBLIC. AND REMEMBER TO TAKE EVERYDAY PREVENTIVE ACTIONS TO PREVENT THE SPREAD OF RESPIRATORY VIRUS. WE RECOGNIZE THE UNCERTAINTY OF THE CURRENT SITUATION AS ALWAYS CDC PUBLIC HEALTH EXPERTS STRIVE TO MAKE THE BEST RECOMMENDATIONS ON THE MOST UP TO DATE DATA. OUR GUIDANCE WILL CHANGE AS WE LEARN MORE ABOUT THIS VIRUS. I'D BE HAPPY TO TAKE QUESTIONS.

>> THANK YOU. IF YOU'D LIKE TO ASK A QUESTION, YOU MAY PRESS STAR ONE. PLEASE LIMIT TO ONE QUESTION AND ONE FOLLOW-UP. THANK YOU. LENA SUN FROM "WASHINGTON POST," YOU MAY GO AHEAD.

>> HI, THANK YOU VERY MUCH FOR TAKING MY QUESTIONS. FIRST, COULD YOU PROVIDE A LITTLE BIT MORE DETAIL ABOUT HOW THIS SURVEILLANCE IS GOING TO WORK IN THOSE FIVE LOCALITIES? AND THEN SECOND, I WONDER WHETHER YOU COULD TALK A LITTLE BIT MORE ABOUT THE INFORMATION YOU HAVE GOTTEN OR WHAT YOU KNOW ABOUT THE HEALTH CARE WORKERS. DO WE KNOW WHETHER THEY WERE INFECTED RECENTLY? IS IT, YOU KNOW, JUST SORT OF A LATE DATA COMING THROUGH FROM EARLIER ON? ANY MORE LIGHT YOU COULD SHED ON THAT WOULD BE VERY HELPFUL. THANK YOU.

>> SURE. THANK YOU. SO IN RESPONSE TO THE FIRST QUESTION, WHAT I WOULD GENERALLY SAY IS THAT WE ARE LOOKING AT EXISTING SURVEILLANCE SYSTEMS FOR BOTH INFLUENZA AND FOR VIRAL RESPIRATORY DISEASES AND MODIFYING THEM TO BE ABLE TO DETECT THIS NEW CORONAVIRUS BECAUSE THAT'S A REALLY EFFICIENT WAY FOR US TO STAND UP WITHOUT BUILDING INDEPENDENT SYSTEMS. IF YOU GO TO THE FLU VIEW, YOU WILL SEE ALL OF THE SYSTEMS THAT WE'RE USING AND THAT SHOULD BE ABLE TO DESCRIBE IN MORE DETAIL BASICALLY WHAT WE'RE DOING AT THOSE SITES. EVERY ONE OF THOSE SITES IS A LITTLE BIT DIFFERENT SO IT'S NOT EXACTLY THE SAME OPERATIONS IN EACH OF THE SITES, BUT BASICALLY WE'RE TAKING THOSE FIVE SITES' FLU SURVEILLANCE SYSTEMS AND ADDING ON LABORATORY TESTING AT THE PUBLIC HEALTH LABS FOR NOVEL CORONAVIRUS. ABOUT THE SECOND ISSUE, ALL WE HAVE SEEN SO FAR IS THE REPORTS THAT CAME OUT OVERNIGHT. IT'S OBVIOUSLY A CONCERNING NUMBER SO I WANTED TO MENTION IT. WE DON'T HAVE MORE DETAILS YET AS TO WHEN THOSE CASES OCCURRED. THAT IS, YOU KNOW, WHEN OVER THE COURSE OF THE OUTBREAK THE CASES OCCURRED AND WE'LL BE HOPING FOR MORE INFORMATION AND OBVIOUSLY THE TEAMS IN THE FIELD HOPEFULLY WILL BE ABLE TO PROVIDE THAT AS THEY GET — AS W.H.O. TEAMS GET THEIR MISSIONS MOVING. NEXT QUESTION.

>> ADRIAN JOSEPH, YOU MAY GO AHEAD.

>> THANKS. SO THE W.H.O. SAID IN THEIR PRESS BRIEFING THIS MORNING THAT I THINK A 12 MEMBER TEAM HAS IS GOING INTO CHINA INTO THREE PROVINCES, THEY DIDN'T SPECIFY WHICH AND I GUESS I'M WONDERING IF THE CDC OR ANY AMERICAN MEMBERS ARE PART OF THE TEAM OR THERE STILL NEGOTIATING POSITIONS ABOUT GETTING THE U.S. TEAMS IN?

>> I HADN'T SEEN THAT NOTICE YET, BUT I'M HAPPY THAT WAS ANNOUNCED. I DO UNDERSTAND THAT THERE'S A LARGER TEAM GOING IN. WE'RE QUITE HAPPY THAT THE CHINESE GOVERNMENT WILL HAVE THE ADVANTAGE OF SOME OUTSIDE EXPERIMENTS. WE HOPE THAT THE CDC STAFF WILL BE INCLUDED IN THE MISSION BUT I DON'T HAVE THE DETAILS AT HAND AS TO EXACTLY THOSE 12 MEMBERS ARE. AGAIN WHEN WE HAVE THAT INFORMATION WE'LL DEFINITELY PROVIDE IT. NEXT QUESTION.

>> MIKE STOBBE FROM THE ASSOCIATED PRESS, YOU MAY GO AHEAD.

>> HI, THANK YOU FOR TAKING MY CALL. FIRST, FOLLOWING LENA SUN'S QUESTION — I'LL GO TO YOUR WEBSITE BUT ARE THESE PUBLIC STATE — STATE PUBLIC HEALTH LABS OR CITY LABS OR — JUST A LITTLE BIT MORE ABOUT THE FACILITIES AND WHAT TESTING SYSTEM HAS ALREADY BEEN PART OF. ALSO, COULD YOU GIVE US AN UPDATE ON THE TEST KITS THAT WENT OUT TO THE STATES? HOW IS THAT GOING? HAVE THEY WORKED OUT THE REAGENT PROBLEM THAT THEY REMANUFACTURED IT OR WHEN ARE NEW KITS GOING OUT? THANK YOU.

>> SO THE FIRST QUESTION IN TERMS OF WHAT PUBLIC HEALTH LABS ARE TALKING ABOUT, THESE ARE THE SAME PUBLIC HEALTH LABS THAT WE HAVE BEEN TALKING ABOUT THE NETWORK OF PUBLIC HEALTH LABS THAT IS THE INFRASTRUCTURE OF A LOT OF PUBLIC HEALTH SURVEILLANCE IN THE UNITED STATES. SO AMONG THE SITES THAT MENTIONED ONE OF THOSE AS A CITY — THE OTHER IS A PUBLIC HEALTH LAB AND THEY'RE PART OF THE NATIONAL SURVEILLANCE NETWORK THAT WE DO FOR INFLUENZA WHICH IS WHY I DIRECT YOU TO FLU VIEW. THEY'RE CURRENTLY TESTING FOR INFLUENZA AND THE IDEA IS THEY'LL TEST THE INFLUENZA NEGATIVE SPECIMENS FOR NOVEL CORONAVIRUS. SORRY, FOR SARS COVID 2. SO IT'S BASICALLY TAKING THE ALREADY EXISTING INFLUENZA PUBLIC HEALTH LABORATORY SURVEILLANCE AND LOOKING AT THOSE THAT ARE FLU NEGATIVE FOR THIS NEW VIRUS. AGAIN, IT'S AN EFFICIENT WAY TO STAND UP SOMETHING VERY QUICKLY. IN TERMS OF THE LAB KITS AS WE HAVE TALKED ABOUT WE CAN BE PROUD OF HOW RAPIDLY OUR LABORATORY — WE CAN DEVELOP THE LAB DIAGNOSTIC IT IS BEING USED AT CDC UNDER HIGH QUALITY STANDARDS AS WE MOVED QUICKLY TO GET THAT OUT TO THE STATE AND THE STATES DID THEIR OWN VERIFICATION, THERE WERE SOME PROBLEMS WITH ONE OF THE REAGENTS AT THE STATE — THAT THE STATES IDENTIFIED. THEY WERE GETTING INDETERMINANT ANSWERS WHICH IS A SIGN THAT THERE NEEDED TO BE SOMETHING DONE DIFFERENTLY. SO WHAT WE'RE DOING AT CDC IS REFORMULATING THOSE REAGENTS AND WE ARE MOVING QUICKLY TO GET THOSE BACK OUT TO OUR LABS AT THE STATE AND LOCAL PUBLIC HEALTH LABS. BUT OBVIOUSLY WE HOLD OURSELVES TO THE HIGH QUALITY STANDARDS AS WE SHOULD AND AS OUR STATE AND LOCAL PARTNERS DO AND WE WANT TO MAKE SURE THAT EVERY DOT IS DOTTED AND EVERY "T" IS CROSSED BEFORE WE PUT THE KITS OUT. AS SOON AS I HAVE AN ACTUAL TIME LINE I'LL GIVE IT TO YOU BUT I HATE TO PROJECT BECAUSE I WANT TO MAKE SURE THAT EVERYTHING IS DONE AT THE HIGHEST POSSIBLE LEVEL THAT CDC AND FTA AND ALL OF YOU EXPECT OF US. NEXT QUESTION.

>> — FROM THE SOUTH CHINA MORNING POST, JIMMY, GO AHEAD.

>> HI, I JUST WANTED TO GO BACK TO WHAT YOU WERE TALKING ABOUT IN TERMS OF THE — MOVING ON FROM THAT KIND OF — [INDISCERNIBLE]. IS THIS LIKE WHERE THE GOVERNMENT OFFICIALS HAVE BEEN BROACHED — THIS SUBJECT. WHAT WOULD MITIGATION LOOK LIKE IN THE U.S. AND THE HEALTH CARE CONDITIONS ARE IN PLACE IF YOU NEED TO HAVE THAT KIND OF CHANGE IN YOUR RESPONSE STRATEGY?

>> THANK YOU. I UNDERSTAND WHAT YOU'RE ASKING ABOUT IS THE CHANGE BETWEEN CONTAINMENT AND MITIGATION AND WHAT IT WOULD LOOK LIKE AND THANKS FOR THAT QUESTION BECAUSE IT ALLOWS ME TO SAY THAT IT'S NOT BLACK AND WHITE. THERE ARE TIMES WHEN THOSE COMPONENTS MERGED TOGETHER ACROSS THE UNITED STATES, POTENTIALLY AT DIFFERENT LOCATIONS IN THE UNITED STATES DEPENDING ON WHAT HAPPENS. WE'RE CONTINUING TO HOPE THAT WE WON'T SEE COMMUNITIES SPREAD AND CERTAINLY HOPING THAT OUR MEASURES GIVE US EXTRA TIME TO PREPARE BY GAINING OURSELVES THIS TIME, THE HOPE IS THAT WE'LL HAVE MORE TIME TO PREPARE. BUT FRANKLY OUR MODEL SUGGESTS THAT WE MAY BLUNT THE HEIGHT OF ANY CURVE AND THAT WOULD BE THE VALUED OUTCOME. WHAT DOES THIS LOOK LIKE, MITIGATION, IS WHEN YOU STOP TRYING TO TRACE CLOSE CONTACTS AROUND EVERY CASE TO CONTAIN THE CASE, AND INSTEAD TO FOCUS ON — FOCUS ON THE DISRUPTION AND THE COMMUNITY TRYING TO DECREASE THE BURDEN, TRYING TO DECREASE THE MORBIDITY AND MORTALITY. DOING EVERYTHING TO HELP AT A SOCIETAL LEVEL. THE KIND OF THINGS THAT WE'RE TALKING ABOUT ARE COMMUNITY LED LEVEL DECISIONS. FOR EXAMPLE, IN GENERAL, SOCIAL DISTANCING, SCHOOL CLOSURES, CANCELING MASS GATHERINGS, SORT OF NONPHARMACEUTICAL INTERVENTIONS WE'RE TALKING ABOUT THINGS LIKE TELEMEDICINE, TELESCHOOLING, TELEWORKING SO THAT AT A SOCIETAL LEVEL WE TRY TO DISRUPT THE SPREAD. IN A SITUATION LIKE THIS WHERE WE DON'T HAVE A VACCINE AND WE DON'T YET HAVE A SPECIFIC COUNTERMEASURE, THOSE KIND OF NONPHARMACEUTICAL INTERVENTIONS AT A COMMUNITY LEVEL ARE REALLY IMPORTANT. THAT'S WHY IN THIS TIME THAT WE HAVE GAINED OURSELF IS WORKING CLOSELY ACROSS ALL LEVELS OF GOVERNMENT AND WITH OUR LOCAL AND STATE PARTNERS ON PLANNING FOR THOSE OPERATIONS. FORTUNATELY IN THE UNITED STATES BECAUSE WE HAVE DONE A LOT OF PLANNING AROUND PANDEMIC INFLUENZA WE HAVE A GOOD HEAD START, BUT WE NEED TO LOOK AT THE PLANS, SEE HOW THE CURRENT SITUATION MIGHT ALTER THEM AND YOU'LL SEE A LOT OF THE GUIDANCE COMING UP ON THE WEBSITE IN THE COMING WEEKS. NEXT QUESTION.

>> JULIE STEENHUYSEN FROM REUTERS, YOU MAY GO AHEAD.

>> THANK YOU. I WANT TO GET BACK TO THE HEALTH CARE WORKERS THAT WERE INFECTED IN CHINA. CAN YOU SAY ANYTHING ABOUT THE CHARACTERISTICS OF THIS VIRUS VERSUS OTHER CORONAVIRUSES SUCH AS SARS THAT WOULD BE PLAYING A ROLE IN THESE INFECTIONS? I MEAN, IS THERE ANYTHING, YOU KNOW, DIFFERENT BETWEEN THOSE — I MEAN, HEALTH CARE ASSOCIATED INFECTIONS WERE HUGE WITH SARS BUT THEY WERE ALSO ABLE TO BE CONTROLLED WITH SARS. I'M JUST WONDERING WHAT DO WE KNOW ABOUT THIS VIRUS AND IS IT DIFFERENT THAN SARS? COULD EXPLAIN ALL THOSE INFECTIONS? ALSO, YOU MAY BE ABLE TO BLUNT THE HEIGHT OF ANY CURVE. I MEAN, WHAT DO YOU MEAN ABOUT THAT? CAN YOU SAY MORE ABOUT WHAT YOUR MODELS ARE PREDICTING? THANK YOU.

>> SURE. IT'S DIFFERENT QUESTIONS, SO START WITH THE FIRST ONE. SO AS YOU SORT OF IMPLY WITH SARS AND MERS, THERE WAS A SIGNIFICANT RISK OF NOSOCOMIAL INFECTIONS AND IT FUELED THE HIGH LEVEL OF CASES IN CERTAIN SITUATIONS. THERE'S NOTHING SPECIFIC THAT HELPS US DIFFERENTIATE IF IT'S MORE OR LESS LIKELY. I GUESS THOSE NUMBERS THAT CAME OUT OVERNIGHT CONCERN ME SO I WANTED TO MAKE SURE TO TALK ABOUT IT ON THIS CALL. TO POINT OUT THAT WE NEED TO BE PRISTINE IN OUR HEALTH CARE SETTING TO MAKE SURE THAT OUR HEALTH CARE WORKERS ARE SAFE. THAT BREAKDOWN IN INFECTION CONTROL IN THE HEALTH CARE SETTING IS ACTUALLY SOMETHING THAT INFECTION CONTROL PRACTITIONERS WORK AT EVERY SINGLE DAY BECAUSE THE CONDITIONS DO EXIST AND THE HEALTH CARE WORKERS DO HAVE TO MAINTAIN A HIGH LEVEL OF PRECISION EVERY DAY TO PREVENT NOSOCOMIAL SPREAD. IT'S A REMINDER WITH THE NEW VIRUS THERE'S A LOT WE DON'T KNOW SO WE NEED TO ERR ON THE SIDE OF CAUTION. IN TERMS OF MODELING, I HAVE BEEN ASKED THIS BEFORE BUT AT CDC WE HAVE LEARNED A LOT FROM PREVIOUS OUTBREAKS OF THE VARIETY OF DISEASES. ESPECIALLY WITH INFLUENZA. THERE AREN'T — THERE ARE SOMETHING LIKE 50 DIFFERENT GROUPS IN THE UNITED STATES RIGHT NOW THAT ARE DOING MATHEMATICAL MODELING AROUND THIS OUTBREAK. AND WHAT WE'RE DOING IS LOOKING ACROSS ALL OF THOSE GROUPS AND LOOKING AT ALL OF THE MODELS TO TRY TO GET THE

BEST DATA THAT WE CAN TO HELP US INFORM THE U.S. RESPONSE. THEY'RE LOOKING AT A WIDE VARIETY OF THINGS AND STARTING WERE THE SAME ASSUMPTIONS WE CAN LOOK AT THOSE THINGS WITH THE DIFFERENT MODELS TOGETHER. ONE OF THE THINGS THAT OUR INFLUENZA MODELERS HAVE LOOKED AT IS THE IDEA THAT IF YOU COULD PUT IN PLACE SOME OF THESE COMMUNITY MITIGATION EFFORTS, YOU CAN DELAY THE ONSET OF THE PEAK OF THE CURVE BUT ALSO BLUNT THE CURVE. SO I GUESS WHAT I WAS TRYING TO EXPLAIN AND THERE'S A PICTURE SITTING IN FRONT OF ME, I WISH I COULD POINT IT OUT, BUT I THINK IT MIGHT BE ON THE WEBSITE. BUT IT'S A TYPICAL PICTURE THAT WE USE WHEN WE TALK ABOUT THESE KIND OF INTERVENTIONS WITH PANDEMIC INFLUENZA. YOU KNOW, THE IDEA IS THAT THIS VIRUS IS BEHAVING IN MANY WAYS LIKE WE'D EXPECT INFLUENZA IN TERMS OF ITS SPREAD. THEREFORE, WE THINK THE SAME MITIGATION EFFORTS MIGHT HAVE THE SAME KIND OF IMPACT AND THAT'S WHAT WE'RE USING THE MATHEMATICAL MODELING TO LOOK AT. NEXT QUESTION.

>> FROM "THE WALL STREET JOURNAL," YOU MAY GO AHEAD.

>> HI, THANKS. I WANTED TO ASK ABOUT THE DIAMOND PRINCESS. JUST WONDERING IF AMERICANS WHO DISEMBARK FROM THE CRUISE SHIP WILL THEY UNDERGO ADDITIONAL SCREENINGS BY CDC OR QUARANTINE WHEN THEY RETURN TO THE U.S.? JUST WHAT'S THE PLAN FOR THEM?

>> WELL, THANKS FOR THAT QUESTION. WHAT I CAN SAY IS WHILE I'M ON THE PHONE WITH YOU, OTHER SENIOR CDC STAFF ARE WORKING ACROSS THE GOVERNMENT, INTERAGENCY, WITH THE STATE DEPARTMENT AS WELL AS WITH THE FOLKS IN JAPAN, THE EMBASSY IN JAPAN, TO FIGURE OUT A PLAN. THESE — IT'S REALLY IMPORTANT TO ALL OF US THAT THESE PEOPLE ARE SAFE AND TAKEN WELL CARE OF. WE ARE ALSO CONCERNED THAT THE DATA COMING OUT OF JAPAN SUGGESTS THERE'S A HIGHER RISK AMONG THE PEOPLE ON THE SHIP AND THEREFORE THEIR SAFETY IS OF UTMOST IMPORTANCE. AND THAT SAFETY MEANS PRECAUTIONS FOR THEM TO DO THE BEST WE CAN TO MAKE SURE THAT THEY'RE SAFE AND WELL TREATED IF THEY ARE INDEED SICK. BUT ALSO TO MAKE SURE THAT THERE ARE PRECAUTIONS TO AVOID SPREAD OF THE VIRUS TO ANYONE ELSE. I DON'T HAVE A SPECIFIC ANSWER RIGHT NOW YET. I'M SORRY BECAUSE THOSE DISCUSSIONS ARE ONGOING BUT THERE WHEN THERE'S A SPECIFIC PLAN WE'LL BE LETTING YOU KNOW. NEXT QUESTION.

>> EMMA COURT FROM BLOOMBERG NEWS, YOU MAY GO AHEAD.

>> HI, I WAS HOPING YOU COULD PROVIDE SOME MORE CLARITY ABOUT THE MISSION — THE WORLD HEALTH ORGANIZATION MISSION AND WHETHER U.S. OFFICIALS WILL BE PART OF IT ALSO. HOPING YOU CAN FIND DISTRESSING — YOU CAN TALK ABOUT WHAT YOU FIND DISTRESSING ABOUT THE WUHAN FOOTAGE.

>> YES. AS I SAY, WE — I HAD NOT SEEN THE ANNOUNCEMENT THIS MORNING FROM THE WORLD HEALTH ORGANIZATION. I DID UNDERSTAND THAT THERE WAS SOME ADVANCE — THE ADVANCED TEAM WAS PLANNING FOR A FURTHER MISSION WITH MORE STAFF SO I'M HAPPY TO HEAR THAT THAT HAS BEEN ANNOUNCED. THE COMPOSITION OF THE TEAM IN TERMS OF WHO THE ACTUAL MEMBERS ARE ON THIS FIRST TEAM HASN'T BEEN ANNOUNCED YET SO I CAN'T SPEAK TO THAT. BUT WE CONTINUE TO HOPE THAT CDC STAFF WILL BE — WILL BE INCLUDED IN THAT MISSION. OBVIOUSLY, I BELIEVE THAT WE HAVE GREAT EXPERTISE HERE AT CDC AND I HOPE WE CAN USE IT TO SUPPORT OUR CHINESE COLLEAGUES. IN TERMS OF WUHAN, WHAT I WOULD SAY IS THAT THE PICTURES CERTAINLY SHOW CASE THAT THE CITIZENS OF WUHAN ARE SUFFERING, BOTH FROM THE DISEASE, BUT ALSO FROM THE FEAR THAT IS CLEARLY PRESENT IN THEIR COMMUNITIES AND I THINK THAT WE SHOULD ALL FEEL FOR THAT SUFFERING AND, YOU KNOW, OUR WORK HERE IN THE UNITED STATES IS TO CONTAIN THE VIRUS. WE KNOW THAT THERE ARE CASES HERE, WE EXPECT THAT THERE MAY BE ADDITIONAL CASES. BUT WHAT WE'RE FOCUSING ON RIGHT NOW IS CONTAINING THE VIRUS WITH ONLY 15 CASES HERE IN THE UNITED STATES. WE REMAIN OPTIMISTIC THAT OUR AGGRESSIVE MEASURES HAVE SLOWED THE IMPACT OF IT HERE. AND WE'RE GOING

TO CONTINUE TO MOVE AGGRESSIVELY IN THAT WAY. PREPARING FOR THE SPREAD BUT HOPING THAT WITH THE MEASURES WE HAVE TAKEN WE'LL BE ABLE TO PREVENT IT. I THINK NOW MAYBE WE HAVE TIME FOR TWO MORE QUESTIONS.

>> THANK YOU. DAN VERGANO — FROM BUZZFEED NEWS, YOU MAY GO AHEAD.

>> THANK YOU VERY MUCH. I WAS WONDERING IF YOU COULD TALK A LITTLE BIT ABOUT THE DEVELOPMENT OF SEROLOGICAL TESTING AND WHAT'S THE HOLDUP IN WHAT THAT WOULD REQUEST US UP AND CAN YOU TALK ABOUT WHAT YOU'RE DOING TO BLUNT THE OUTBREAKS OF THE MEASURES?

>> SO THE ANSWER TO THE SECOND QUESTION, YES, WE'LL POST IT ON THE WEBSITE TO MAKE IT CLEARER. TRYING TO DESCRIBE THE GRAPH AND — WORDS IT WILL BE BEYOND ME A LITTLE BIT. YES, WE'LL DEFINITELY POST THAT. IN TERMS OF THE SEROLOGY I'LL START BY SAYING THAT I AGREE A SEROLOGICAL TEST IS IMPORTANT. WE CAN IDENTIFY WHETHER PEOPLE ARE BEING EXPOSED ENOUGH TO MOUNT AN IMMUNE RESPONSE WITHOUT GETTING ILL. SO IT WOULD HELP US WITH THE UNDERSTANDING OF HOW WIDESPREAD THIS IS. AND WHETHER THERE ARE PEOPLE WITH NO OR MILD SYMPTOMS ARE GETTING EXPOSED AND ZERO CONVERTING THAT'S SOMETHING WE WANT TO KNOW FOR THE UNITED STATES AND SOMETHING TO HELP US BETTER UNDERSTAND THE OUTBREAK OF THE — IN CHINA. OUR UNDERSTANDING FROM THE LABORATORY COLLEAGUES IT JUST TAKES A WHILE. WE NEED TO WAIT TO DRAW SPECIMENS FROM U.S. PATIENTS OVER A PERIOD OF TIME SO THAT WE CAN UNDERSTAND WHAT THE — WHAT THE SEROLOGY RESULTS LOOK LIKE IN PATIENTS OVER TIME TO BE ABLE TO SET THE RIGHT METRICS IN ORDER TO BE ABLE TO USE IT IN PATIENTS WHO AREN'T YET DIAGNOSED. SO MY UNDERSTANDING IS THAT THE KIND OF DELAY IS WHAT YOU'D EXPECT TO SEE AND THEY'RE MOVING VERY QUICKLY AND DEFINITELY A PRIORITY FOR US. WHEN WE HAVE A TIME LINE, WHICH WILL LET YOU KNOW. ONCE THEY HAVE ALL OF THE APPROPRIATE SPECIMENS COLLECTED, I UNDERSTAND THAT IT'S A MATTER OF SEVERAL WEEKS AFTER THAT BECAUSE THEY'LL ACTUALLY HAVE THE TEST. BUT WE DON'T HAVE ALL OF THE SPECIMENS YET. I THINK THIS IS THE LAST QUESTION.

>> LAST QUESTION.

>> THANK YOU. DAVID BLOOM FROM POLITICO, YOU MAY GO AHEAD.

>> ALL RIGHT. THANK YOU. I'D LIKE TO ASK ABOUT — IT SOUNDS LIKE YOU GUYS ARE — [INDISCERNIBLE]. AND CHECKING OUT THE THREAT IN THE UNITED STATES. ARE YOU LOOKING TO THE RISK — [INDISCERNIBLE].

>> I'M SORRY. THAT WAS A LITTLE GARBLED BUT I WANT TO MAKE SURE I UNDERSTAND IT. I THINK WHAT YOU'RE ASKING ABOUT IS FUNDING AND AS WE'RE MOVING FORWARD, SETTING UP ADDITIONAL SURVEILLANCE THE QUESTION OF THE RESOURCES NEEDED TO DO THAT. SO I WILL START BY SAYING AGAIN THAT WE ARE GRATEFUL TO CONGRESS FOR THEIR INVESTMENTS OVER THE PAST NUMBER OF YEARS IN PANDEMIC INFLUENZA PREPAREDNESS, IT'S BECAUSE OF THOSE INVESTMENTS THAT WE HAVE BUILT THE SURVEILLANCE SYSTEMS THAT WE'RE NOW LEANING ON AS WELL AS THE SYSTEMS TO HELP US FOR EXAMPLE FIGURE OUT MITIGATION EFFORTS. SO THAT'S A LONG TERM INVESTMENT AT CDC AND OUR STATES WHICH WE THINK IS SHOWING ITSELF NOW. IN ADDITION, WE'RE GRATEFUL FOR THE EMERGENCY RESPONSE, RAPID RESPONSE FUND. THAT REALLY HAS BEEN A GAME CHANGER FOR US IN ENABLING CDC TO QUICKLY STAND UP OPERATIONS AND WE'RE GRATEFUL FOR THAT USE. THE ADDITIONAL — WE SAID THAT WHEN WE NEED ADDITIONAL FUNDS WE'LL ASK FOR IT. RIGHT NOW, FUNDING HAS NOT BEEN A CONSTRAINT FOR US IN STANDING UP THE ACTIVITIES THAT WE'RE DOING NOW. AND AS WE MOVE FORWARD, I'M SURE THAT THERE WILL BE SOME ADDITIONAL CONSIDERATION OF WHAT THOSE NEEDS ARE. BUT THE REASON WE'RE DOING THE SURVEILLANCE THE WAY WE ARE BECAUSE IT'S THE EFFECTIVE WAY TO MOVE FORWARD BUT WE THINK IT'S EFFICIENT BECAUSE THOSE ARE EXISTING SYSTEMS AT CDC AND OUR STATE AND LOCAL PARTNERS ARE ALREADY USING SO THAT'S WHY WE'RE LEANING ON THE SYSTEMS. THANK YOU.

>> OKAY. THANK YOU. THANK YOU ALL FOR JOINING US TODAY’S BRIEFING. PLEASE CHECK CDC’S COVID-19 UPDATED WEBSITE. 444-639-3286 OR EMAIL MEDIA AT CDC.GOV. THANK YOU.

>> THANK YOU, THIS CONCLUDES TODAY’S CONFERENCE CALL. YOU MAY DISCONNECT AT THIS TIME.

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CDC works 24/7 protecting America’s health, safety and security. Whether disease start at home or abroad, are curable or preventable, chronic or acute, or from human activity or deliberate attack, CDC responds to America’s most pressing health threats. CDC is headquartered in Atlanta and has experts located throughout the United States and the world.